

DEPARTMENT OF BENEFIT PAYMENTS

744 P Street, Sacramento, CA 95814

(916) 322-5802



July 13, 1976

ALL-COUNTY LETTER NO. 76-98

TO: All County Welfare Directors

SUBJECT: CWD Cost-of-Living Salary and Benefit Statement

REFERENCE:

The Department of Benefit Payments is currently determining FY 1976/77 administrative expense fund allocations for the AFDC and NAFS programs. Additional data are needed to determine appropriate allocations based on your county's actual cost-of-living salary and benefit increases.

The attached statement requests a breakout of cost-of-living salary and benefit increases. It is imperative that the following questions be answered based on actual increases, not estimated increases. Final allocations will be released to your county once the actual data are submitted. Please maintain detailed back-up information on the data submitted in order to facilitate verification should discrepancies arise. Supply data in Items I and II only in decimal fraction amounts carried out two (2) places (example: 5.72). If there is nothing to report in an item, enter "0".

If you have any questions or concerns, please contact Bob Hing or Rick Burrows at (916) 322-5802.

Sincerely,

A handwritten signature in dark ink, appearing to read 'G. Adams'.

GARY G. ADAMS
Deputy Director

Attachment

cc: CWDA

GEN 654 (2/75)

CWD SALARY AND BENEFIT STATEMENT

County _____

Contact _____

Title _____

Telephone _____

I. FY 1976/77 Average Cost-of-Living Salary Increase

	FY 1976/77 <u>1/</u>	
	PERCENTAGE CHANGE	EFFECTIVE DATE
a. Eligibility and Nonservices ..	_____ %	____/____/____
b. Clerical Support	_____ %	____/____/____
c. Administrative Support	_____ %	____/____/____

1/ FY 76/77 over FY 75/76**II. FY 1975/76 and FY 1976/77 Average Benefits Paid by County**

BENEFITS CONTRIBUTION	AVERAGE CWD RATE <u>2/</u>		EFFECTIVE DATE	
	FY 1975/76 <u>3/</u>	FY 1976/77 <u>4/</u>	FY 1975/76	FY 1976/77
a. OASDI	_____ %	_____ %	____/____/____	____/____/____
b. Retirement.....	_____ %	_____ %	____/____/____	____/____/____
c. Health Insurance	_____ %	_____ %	____/____/____	____/____/____
d. Life Insurance	_____ %	_____ %	____/____/____	____/____/____
e. State Compensation	_____ %	_____ %	____/____/____	____/____/____
f. Other: (specify)				
_____	_____ %	_____ %	____/____/____	____/____/____
_____	_____ %	_____ %	____/____/____	____/____/____
TOTAL RATE <u>5/</u>	_____ %	_____ %		

2/ If able to supply break-out between Eligibility and Nonservices, Clerical Support and Administrative Support, attach additional data on a similar format.

3/ FY 1975/76 Total Paid Contributions ÷ FY 1975/76 Salaries.

4/ FY 1976/77 Total Paid Contributions ÷ FY 1976/77 Salaries.

5/ Checkpoint: Total Rate must equal the sum of Items a. through f.

RETURN TO:

County Administrative Expense Control
 Department of Benefit Payments
 744 P Street, Mail Station 13-78
 Sacramento, California 95814

I hereby certify that the figures reported herein represent actual employee benefit rates or salary increases as reflected in this county's final budget for FY 1976/77.

SIGNATURE OF COUNTY WELFARE DIRECTOR

SIGNATURE OF COUNTY AUDITOR